

Project Location:	
Client:	WSMR
Project Number:	

#### DAILY SAFETY INSPECTION REPORT

Inspector name: Augol Jewiss	Date: 837017				
Supervisor: BRADLEY DAVIS	SSHO: Auson) JENNESS				
General Project Activities Description:					
Safety conditions and/or deficiencies:	Corrective actions to be completed:				
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Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature:

(Supervisor)

Signature

Safery Representative)

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#### DAILY HEALTH AND SAFETY CHECKLIST

Page 1 of 2

Project Name: WSMR- HTA OBOD

Project Number: \_\_\_\_\_

Completed By/Date: ALUSSIO JENNESS 8/3/2012

Reviewed By/Date: BRAS DAUS
8/3/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	<b>L</b>			
Daily Tailgate Conducted (kept w/Site Files)		-		
Designated First aid Providers Identified		Oktober 18	)	
Required Documentation on Site & Postings	4			
H&S, EEO	1			- <del></del>
Emergency information ( phone numbers, key personnel, hospital rotte map)	<i></i>		_	
RWP (kept w/Site Files)		- 		7
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)		<u> </u>	<u> </u>	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted				
	S. TVW	635a 41720	4	
Emergency Equipment	1 m			
Fire Extinguishers	L			
Eye wash properly located	4	<u> </u>	<u> </u>	
First Aid Kit	1	<u></u>		
Communications operational (phone, radio, hand signals)		<u> </u>	· ·	
Assembly point identified	-		8 km - 20 mm	A C C CARSON TO
Exposure monitoring (includes bioassay for both chemical and radiological)	1 2 2 2 2			WAR A
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)				
Monitoring records including instrument calibrations (factory and field)			1	
Radiation dosimetry and/or bioassay for new personnel		<u> </u>	1	
Worker notification of monitoring results	<u> </u>	<u></u>	-	<del>                                     </del>
Site Sanitation	<u> </u>			
Drinking water/sanitation (break area, toilet facilities, trash)	<u>i</u>	<del> </del>		
Portable toilets adequate		1	0	+

Subject	Yes	No	N/A	Comment
Hand / Face wash		-		
Permits	1,1 s			
Confined spaces entered (competent person) (kept w/Site Files)			-	
Hot Work permit (kept w/Site Files)				
Permits (continued)	1			
Excavation safety (competent person) (kept w/Site Files)				
Underground/overhead utility clearance (form completed) (kept w/Site Files)				
Specialized Procedures				
Lockout/Tagout				
Fall protection/ladder safety			-	
Noise / Hearing protection available				
Areas posted or otherwise designated				
Illumination			i-	
PPE Designated and in use	£	<del>, , ,</del>		
Equipment Inspections (kept w/Site Files)				
	- 12			· .
Decontamination				
Personnel				
Equipment	<u> </u>			

Revised:	Feb	00



#### Daily Safety and Health Report

Project Number:	WSMR-	HTA	0000
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Date: 8/3/2012

Work Areas Checked

WOLK ALCAS CHECKER			_
Primary Work Area (Base)	x	First Aid Kits (weekly)	
Communications	<u> </u>	Eye Wash (weekly)	X
Emergency Equipment	<u> </u>	Excavations	X
Vehicles (weekly)	×	Housekeeping	X
Heavy Equipment (daily)	NA	Crew 1	<u> </u>
Fire Extinguishers (monthly)	Х	Crew 2	N/A

Daily Activities:

Daily Tailgate Meeting (Time)

1000

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
1000	97	0-5		10
1200	970	6-5		10

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E-LINE BEAKE UNE NITESGEN YLINDERS, CONTROL BOX Levels of Protection:

LEVEL > Accidents/Incidents, Breaches of Procedure:

MoNEMonitoring Results:

MUNT

Activities:

CTROND LATER SAMAING

COMMENTS:

Personnel on Site:

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B. PALIS	
A. JENNESS	

Personnel on Site:	
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Completed By:	Allison Jonness	Date	8-3-12
1			

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Project Name/Number: WSMR-I+A/080D	Date: 8 / 3 / 20/2 Time: 1000
Client: WSMR	Address:
Specific Location: 1/54R-HTA/0BOD	
Work Activities: CROWNDWATER SAMPLE	1NG
Hospital Name/Address: M. AFEE. BUDGS	30 ROCK ISCANDS AUTONOS
Hospital Phone Number: 678-1138	Ambulance Phone Number:
Safety Topics I	
Chemical Hazards/Used: PRESTUATIVE - AC	13
Physical Hazards:	- <sub>/</sub> µ}ç <sub>2</sub>
Protective Equipment/Clothing: LEVELD	
Special Equipment: Low-Frank BLADE	COMPRESSED NITROGEN GAS
Other Safety Topic(s): UX0- EXPLOSIVES	WILL IFE
ATTEND	EES
NAME PRINTED ALLEND JENNES	SIGNATURE
BRADEY DAVIS	
	<u> </u>
Meeting conducted by:	
Supervisor:	Manager:
_ 151217 UNUS	

NAME PRINTED	SIGNATURE
	·



Project Location:	NBMR-HTA
Client:	LISME
Project Number:	- \

#### DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNESS	Date: 8/6/2012
Supervisor: BRAD DAVIS	SSHO: Acroson Janes
General Project Activities Description:	
Safety conditions and/or deficiencies:	Corrective actions to be completed:
	sī.

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature:

(Supervisor)

Signature

Safery Representative)

#### DAILY HEALTH AND SAFETY CHECKLIST

Page 1 of 2

Project Number:

Project Name: WEMR- HTA/OBOD

Completed By/Date: ALUSON JENNESS

8/6/2012

Reviewed By/Date: BPAD DAVIS
8/6/0012

	<del></del>			1
Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)				
Daily Tailgate Conducted (kept w/Site Files)	<u></u>			
Designated First aid Providers Identified	<u></u>			
Required Documentation on Site & Postings				
H&S, EEO	<u></u>			
Emergency information ( phone numbers, key personnel, hospital rotte map)	-			
RWP (kept w/Site Files)	1978 P 1888 (E.M	neleneka v	¥ (a.c. gr	
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			-	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted		<u> </u>	2	
	V 5 - 01, 12, 14, 15	0.72001.5	2 N.S	
Emergency Equipment				
Fire Extinguishers		†	<u> </u>	
Eye wash properly located	-	<u>†</u>		
First Aid Kit	1	·	<u> </u>	
Communications operational (phone, radio, hand signals)	-	‡	<u> </u>	
Assembly point identified	2			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			1	
Monitoring records including instrument calibrations (factory and field)	<u> </u>		1	
Radiation dosimetry and/or bioassay for new personnel	<u> </u>		1	
Worker notification of monitoring results	<u> </u>		1	
Site Sanitation	1.,.			
Drinking water/sanitation (break area, toilet facilities, trash)	1	+		
Portable toilets adequate				1

#### DAILY HEALTH AND SAFETY CHECKLIST

Page 2 of 2

Subject	Yes	No	N/A	Comment
Hand / Face wash	0			
Permits				
Confined spaces entered (competent person) (kept w/Site Files)				
Hot Work permit (kept w/Site Files)			-	
Permits (continued)				
Excavation safety (competent person) (kept w/Site Files)				-
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>	<u> </u>		-	
Specialized Procedures				
Lockout/Tagout			-	·
Fall protection/ladder safety				<b>-</b> 
Noise / Hearing protection available			1	
Areas posted or otherwise designated			1	
Illumination			-	<u> </u>
PPE Designated and in use			a	
Equipment Inspections (kept w/Site Files)				
Decontamination  Personnel				· .
Equipment				
ædmhusur.	<u> </u>		<u> </u>	1.1

Comments:	 			 
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#### Daily Safety and Health Report

Project Number:	WOMR-1	HTA/OBOD	Date:	Blutzoiz

Work Areas Checked			2.4
Primary Work Area (Base)	×	First Aid Kits (weekly)	X
Communications	×	Eye Wash (weekly)	X
Emergency Equipment	X	Excavations	
Vehicles (weekly)	X	Housekeeping	X
Heavy Equipment (daily)	12/10	Crew 1	

Crew 2 Fire Extinguishers (monthly) Daily Activities:

Daily Tailgate Meeting (Time)

Heavy Equipment (daily)

0930

#### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
			ــــــــــــــــــــــــــــــــــــــ	0-10%
1000	85°	O-SMPH		070
	000	0-5MPH		=-/0°Z
1200	1/20	0-5		0-10
1700	<del>- 4.3</del>			

Equipment	Inspections:
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Levels of Protection: NITROGEN CYLINDERS, CONTROL BOX

LEVEL D Accidents/Incidents, Breaches of Procedure:

NOWE Monitoring Results:

NONE

Activities:

GROUND WATER SAMPLING

COMMENTS:

Personnel on Site:

1 craomici on orce.	
B. DAVIS	
A JENNESS	
11. 36/01.035	

Personnel on Site:	

Completed By: Auson Jenness Date 8/11/2012



Project Name/Number: WSMR - HTM OBOD DE	ale. 6 / 6 / 60/2 Time. 94.3()
Client: LUSMR Ac	ldress:
Specific Location: WSMR- PTA/0300	
Work Activities: CTROUND WATER SAMPLING	<u> </u>
Hospital Name/Address: McAre Bibo 530,	Poch Kyanh Avenue
Hospital Phone Number: (0 78-138	Ambulance Phone Number: 1 1
Safety Topics Pres	
Chemical Hazards/Used: Prosephanuc_Aes	
Physical Hazards: UNEVEN TERRAW, UF	7.24
Protective Equipment/Clothing: LEVELD	
Special Equipment: Law- From BLADDER, Com	PRESSED NITTERNEW GAS
Other Safety Topic(s): UXO - EXPLOSIUES, WILL	VIFE
NĂME PRINTED  AUSON JENNES  BRADLEY DAYIS	SIGNATURE
Meeting conducted by:	
Supervisor: Blas DAIS	Manager:

NAME PRINTED	SIGNATURE



Project Name/Number: WSMR-#TA/OBOD Date: 8/7/2012 Time: 0830
Client: WSMR Address:
Specific Location: WSMR-\$TA/0801
Work Activities: GROWND WATER SAMOUNY
Hospital Name/Address: McAFEE, BLDG 530 ROCK ISCOND AUDILLE
Hospital Phone Number: 678 - 1138 Ambulance Phone Number: 911
Safety Topics Presented
Chemical Hazards/Used: Program US- Acid
Physical Hazards: WEVEN TERRATIN LIFTANIA
Protective Equipment/Clothing: LEVEL 5
Special Equipment: LOWFIAN BLADDER MITRIXEN GAS-COMPRESSED
Other Safety Topic(s): (IXO-EXPLOSIVES )//-DCITE
ATTENDEES
NAME PRINTED SIGNATURE
ALLISON JENNESS MAJOR
BRADLEY DAVIS - DY Wan
Meeting conducted by: HUISON JENNESS
Supervisor: Manager:

NAME PRINTED		SIGNATURE		
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Project Location:	WSMR-HTA
Client: WSMR	•
Project Number: _	

#### DAILY SAFETY INSPECTION REPORT

upervisor: BRAD DAVIS	Date: 8/7/2012 SSHO: AUSON JENNES
General Project Activities Description: Creans	
Safety conditions and/or deficiencies:	Corrective actions to be completed:
	,
Note: Corrective actions are to be completed b	by the supervisor. The status of corrective acafety meeting.

Signature:

(Supervisor)

Signature: <u>(</u>

(Safety Representative)

	•		

Project Name: WSMR - HTA/OBOD

Project Number:

Completed By/Date: Augon Jenness 8/4/2017

Reviewed By/Date: SPANS

Subject	Yes	No	N/A	Comment .
Site SSHASP with required signatures(kept w/Site Files)	<u></u>			
Daily Tailgate Conducted (kept w/Site Files)	V	-		
Designated First aid Providers Identified	<u> </u>			
Required Documentation on Site & Postings		3.44		
H&S, EEO				<del></del>
Emergency information ( phone numbers, key personnel, hospital rotte map)	<i>i</i>			
RWP (kept w/Site Files)			. a.	
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)		_	-	<del>_</del>
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			-	
	: C.50 4	1 V-2 V	3	
Emergency Equipment			2	
Fire Extinguishers		<u> </u>	<u> </u>	
Eye wash properly located	1	' <u> </u>		
First Aid Kit			-	
Communications operational (phone, radio, hand signals)				<u> </u>
Assembly point identified	V			
Exposure monitoring (includes bioassay for both chemical and radiological)		1 (a) (3) 7 (a) (4)		n jin
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			2	
Monitoring records including instrument calibrations (factory and field)		ļ	2	
Radiation dosimetry and/or bioassay for new personnel			1	
Worker notification of monitoring results			1	
Site Sanitation			3	
Drinking water/sanitation (break area, toilet facilities, trash)	0	Ţ	_	
Portable toilets adequate			1	

Subject	Yes	No	N/A	Comment
Hand / Face wash	1	-		
Permits				
Confined spaces entered (competent person) (kept w/Site Files)			L	
Hot Work permit (kept w/Site Files)			V	
Permits (continued)	1982			
Excavation safety (competent person) (kept w/Site Files)			سا	-,
Underground/overhead utility clearance (form completed) (kept w/Site Files)			<u>ن</u>	
Specialized Procedures		2		
Lockout/Tagout				
Fall protection/ladder safety			V	
Noise / Hearing protection available			v	<u></u>
Areas posted or otherwise designated			1	
Illumination	ļ		1	
PPE Designated and in use	<i>i</i>			-
Equipment Inspections (kept w/Site Files)				
Decontamination			**************************************	
Personnel  Equipment				

Comments:	



#### Daily Safety and Health Report

Project Number: WSMR- HTA/OBOD

Date: 8/7/2012

Work Areas Checked

Primary Work Area (Base)	~	First Aid Kits (weekly)	×
Communications		Eye Wash (weekly)	<u> </u>
Emergency Equipment	×	Excavations	X
Vehicles (weekly)	×	Housekeeping	X
Heavy Equipment (daily)	NA	Crew 1	X
Fire Extinguishers (monthly)	х	Crew 2	NA

Daily Activities:

CROWDWATER SAMPLING

Daily Tailgate Meeting (Time)

0832

#### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0E8C	2,5	0-5MPH		0-10%
1200	930	0-5481		0-10%

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	****	\ <b>**</b> * \ \ \ <b>*</b> \ \ <b>*</b>	33.53	pections:
1		364164311	1115	
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E-LINE, BRAKE UNE, NAROGEN CYLINDERS, CONTROL DOX Levels of Protection:

LEVELD

Accidents/Incidents, Breaches of Procedure:

そろく

Monitoring Results:

NONE

Activities:

GROUND WATER SAMPLING

COMMENTS:

Personnel on Site:

2	
D DAVIS	
A. JENNESS	

Person	anel on Si	te:		 
			-	 
	<del></del>			 
			1	
<del></del>				 
-				

Completed By: A. Jenness Date 8-7-12